PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10763886

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TO	OTAL CLAIMS	;	52	·]	RATE	FEE	OF	RATE	FEE -	
FC)R		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FEE	 	OR		 	
тс	OTAL CHARGE	ABLE CLAIMS		SZ minus 20=		*32		X\$ 9=		OR	XS18=	576	
<u> </u>	DEPENDENT CI		L	inus 3 =	· 2	* 2		X43=		OR	Voc	172	
ML	JLTIPLE DEPEN	NDENT CLAIM PR	RESENT]	+145=		OR			
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in c	column 2	ı	TOTAL	 	OR	TOTAL	1318	
	С	CLAIMS AS A (Column 1)	MENDEC	O - PART II (Column 2) (Column 3)			١	SMALL ENTITY				OTHER THAN SMALL ENTITY	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**		=] [XS 9=		OR	X\$18=		
AME	Independent	* ENTATION OF ML	Minus	PENDENT	MIAIO	= .		X43=		OR	X86=		
	FIRST FILSE	,NTATION OF IVIC	JETIPLE DE-	PINDEIA	CLAIIVI		1	+145=		OR	+290=	V	
							L	TOTAL ADDIT. FEE		1	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)		(0011					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=		
AME	Independent	NTATION OF MU	Minus	***	CLAIM	=	[X43=		OR	X86=		
	PINOT FACUL	NIAHON OF INC	LIPLEOLI	ENDEIAL	CLAIN		, [+145=		OR	+290=	_	
								TOTAL DDIT. FEE	•	L	TOTAL ADDIT. FEE		
		(Column 1)		(Colum		(Column 3)	• _						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total		Minus	##		= .		X\$ 9=		OR	X\$18=		
AME	Indep ndent	* NTATION OF MU	Minus	***	C: A1M	=		X43=		OR	X86=		
<u>· 1</u>	FIRST FRESE	NIATION OF INIO	LIPLE DEF	ENDENT	CLAIM		-	+145=		OR	+290=		
** 11	f the "Highest Nun	mn 1 is less than the mber Previously Pai	id For" IN THIS	S SPACE is I	less than	n 20, enter "20."	_ _ _	TOTAL ODIT. FEE			TOTAL		
****	If the "Highest Nun	mber Previously Pai ober Previously Paid	id For" IN THIS	S SPACE is	less than	n 3, enter "3."	AL.			A	ADDIT. FEE L Jmn 1.		